

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

07/26/2006

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STATE OF WISCONSIN

Bureau of Quality Assurance

P.O. Box 2969

Madison, WI 53701-2969

**COMPREHENSIVE OUTPATIENT REHABILITATION
FACILITIES - Alphabetical by Agency Name**

Certification Number	Provider Name and Address	Administrator and Phone	County and Region
52-4505	ENDEAVOR THERAPY LLC 11649 N PORT WASHINGTON RD MEQUON, WI 53092	KAREN BLOCK (262) 241-8892 FAX: (262) 241-8894	Ozaukee SOUTHEASTERN
Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)		Services Available: Occupational Therapy Physical Therapy Physician Respiratory Therapy Social Services	
52-4500	SUNRISE HEALTH CENTER 4848 S 76TH STREET SUITE 203 GREENFIELD, WI 53220	TAMI ROSEN (414) 282-8180 FAX: (414) 282-7971	Milwaukee SOUTHEASTERN
Ownership Type: PROPRIETARY CORPORATION		Services Available: Physical Therapy Physician Social Services	
52-4502	THERAPY WORKS LLC 20900 SWENSON DRIVE SUITE 300 WAUKESHA, WI 53186	WAYNE PRATT (262) 798-9992 FAX: (414) 762-6783	Waukesha SOUTHEASTERN
Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)		Services Available: Physical Therapy Physician Respiratory Therapy Social Services	
52-4504	THERAPY WORKS LLC 7270 S 13TH STREET SUITE 201 OAK CREEK, WI 53154	WAYNE PRATT (414) 762-9992 FAX: (414) 762-6783	Milwaukee SOUTHEASTERN
Ownership Type: LIMITED LIABILITY COMP(FOR-PROFIT)		Services Available: Physical Therapy Physician Respiratory Therapy Social Services	